



Air Evac Lifeteam Membership Registration – Adams Electric Cooperative Billing Plan

Name as it appears on Electric Bill: _____

Mailing Address: _____

Physical Address: _____

City: _____ State: _____ Zip: _____ County: _____

Main Tel. _____ Cell _____

Work Tel. _____ Email: _____

Your Date of Birth ____/____/____ Do you live in City Limits Yes No

Adams Electric Cooperative Account Number: (if known) _____

Please List Others Living in Household and Date of Birth (other than yourself)

Name: _____ Date of Birth ____ / ____ / ____ Name: _____ Date of Birth ____ / ____ / ____

Name: _____ Date of Birth ____ / ____ / ____ Name: _____ Date of Birth ____ / ____ / ____

Name: _____ Date of Birth ____ / ____ / ____ Name: _____ Date of Birth ____ / ____ / ____

Terms and Conditions: Please read and sign below, Registration not valid without signature The price for an AEL household Membership will be \$5.00 per month

Air Evac EMS, Inc. (d/b/a Air Evac Lifeteam and d/b/a Texas Lifestar) ("AEL") offers memberships that provide prepaid protection against AEL air ambulance costs that are not covered by a member's insurance or medical benefits, subject to the following terms and conditions:

1. A customer's membership will be effective 15 calendar days after receipt by Adams Electric Cooperative of the customer's first monthly Membership fee and will continue thereafter as long as monthly Membership fees are paid, but will terminate automatically without notice if no monthly Membership fee is received by AEL from customer for a 60 calendar day period.
2. A customer may discontinue their AEL membership at any time by signing a discontinuation notice (as provided by AEL).
3. Adams Electric Cooperative and AEL are not affiliated. Adams Electric Cooperative is not responsible for any of AEL's acts or omissions, and AEL is not responsible for any of Adams Electric Cooperative's acts or omissions. All AEL membership relationships are directly between AEL and its members.
4. Transport by an AEL helicopter will be to the closest appropriate medical facility for medical conditions that are deemed by an attending medical professional to be life- or limb-threatening, or that could lead to permanent disability, and which require emergency helicopter transport. A patient's medical condition, not membership status, will dictate whether or not air transportation is appropriate and required. Under all circumstances, AEL retains the sole right and responsibility for determining whether or not a patient is flown.
5. AEL services may not be available when requested due to factors beyond AEL's control, such as use of the appropriate aircraft by another patient or other circumstances governed by operational requirements or restrictions including, but not limited to, equipment manufacturer limitations, governmental regulations, maintenance requirements, patient size or weather conditions. Federal Aviation Administration restrictions prohibit AEL from flying in inclement weather conditions. The primary determinant of whether to accept a flight is always the safety of the patient and medical flight crews.
6. Members who have insurance or other benefits that cover the cost of ambulance services are financially liable for the cost of services up to the limit of any available insurance or benefit coverage. In return for payment of the membership fee, AEL will consider all air ambulance costs not covered by any insurance or benefits available to the member to have been fully prepaid. AEL reserves the right to bill directly the appropriate insurance or benefits provider for services rendered, and members authorize their insurer or benefits provider to pay any covered amounts to AEL directly. Members agree to remit to AEL any payment received from insurance or benefit providers for air medical services provided by AEL, not to exceed regular charges. AEL is not an insurance company. AEL membership is not an insurance policy and cannot be considered as a secondary insurance coverage or a supplement to any insurance coverage. AEL will not be responsible for payment for services provided by another ambulance service.
7. Membership starts 15 days after AEL receives a complete application with full payment; however, the waiting period will be waived for unforeseen events occurring during such time. Memberships are non-refundable and non-transferable.
8. Some state laws prohibit Medicaid beneficiaries from being offered membership or being accepted into membership programs. By applying, members certify to AEL that they are not Medicaid beneficiaries.
9. These terms and conditions supersede all previous terms and conditions between a member and AEL, including any other writings, or oral representations, relating to the terms and conditions of membership abuse of the program.

I have read and understand the AEL Membership Terms and Conditions. The information provided on my application is complete and accurate. I authorize my insurer or benefits provider to pay any covered amounts to AEL directly. By signing this authorization I agree to the terms stated above and acknowledge that I authorized to have the additional \$5.00 AEL dues added to my residential electric account. I also understand that I will communicate directly with Air Evac Lifeteam for Membership Customer Service.

For Air Evac Office Use Only

X

Customer Signature

Date (must be dated)

PLAN CODE
2629

Air Evac Lifeteam Membership Registration – Adams Electric Cooperative Billing Plan

Adams Electric Cooperative Customer Name _____

Primary Home Address _____

Account Number (if known) _____ Primary Tel # _____ - _____ - _____

Authorization to add \$5.00 per month to Adams Electric Cooperative invoice to pay monthly Air Evac Lifeteam fees.

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- **Adams Electric Cooperative and AEL are not affiliated.** Adams Electric Cooperative is not responsible for any of AEL's acts or omissions, and AEL is not responsible for any of Adams Electric Cooperative's acts or omissions. All AEL membership relationships are directly between AEL and its members.

By signing this authorization I agree to the terms stated above and acknowledge that I authorized to have the additional \$5.00 AEL fees added to my residential electric account. I also understand that I will communicate directly with Air Evac Lifeteam for Membership Customer Service.

X

Customer Signature

Date (must be dated)